

REQUEST FOR INTRAUTERINE CONTRACEPTION (IUC) BY WOMEN WITH RISK FACTORS

IUCs, like any method of birth control, are not always suitable for all women. Risks versus benefits are determined for each woman.

Your medical history and an examination may show risk(s) for using an IUC. Checked below are symptoms or conditions which might lead to serious side effects if you use an IUC.

- ☐ Cirrhosis or liver tumors
- ☐ Current pelvic infection (PID), (Chlamydia, gonorrhea)
- ☐ Exposure to multiple sexual partners
- ☐ Partner who has multiple sexual partners
- ☐ Have breast, cervical, endometrial or ovarian cancer (or being evaluated for)
- ☐ Have serious blood clots in your deep veins
- ☐ Have blood clotting problems or taking medications for clotting problems
- ☐ Have vaginal bleeding (undiagnosed)
- ☐ History of Wilson's Disease
- ☐ Lupus
- ☐ Ischemic heart disease (current or history of)
- ☐ Pelvic Tuberculosis
- ☐ Solid organ transplant
- ☐ Allergy to copper or silver

The above side effects, symptoms, and conditions have been explained to me. I read the instruction sheet, the manufacturer's booklet, and I desire to have the IUC prescribed. Once the IUC is inserted, I will return to the clinic following my first menstrual cycle or within 3 months for a follow-up exam.

I have been advised of and accept the possible serious risk and harm that may result from my using an IUC. The health care provider has explained my condition in a satisfactory manner. The health care professional answered all my questions. I may ask any questions at any time. I may seek an alternate method of birth control at any time.

I release the _____ (agency name), its employees or agents from any and all claims, damages, or liabilities which I may have against them as a result of the receipt of medical services, supplies and/or procedures.

Patient Signature

Date

Witness Signature

Date